

<h1 style="margin: 0;">TRANSMITTAL FORM</h1> <p style="margin: 5px 0 0 0;"><i>(to be used for all correspondence after initial filing)</i></p>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Application Number</td><td style="padding: 2px;">10/807,644</td></tr> <tr><td style="padding: 2px;">Filing Date</td><td style="padding: 2px;">March 23, 2004</td></tr> <tr><td style="padding: 2px;">First Named Inventor</td><td style="padding: 2px;">Gregory P. HERTRICH</td></tr> <tr><td style="padding: 2px;">Art Unit</td><td style="padding: 2px;">2627</td></tr> <tr><td style="padding: 2px;">Examiner Name</td><td style="padding: 2px;">M. Kayrish</td></tr> <tr><td style="padding: 2px;">Attorney Docket Number</td><td style="padding: 2px;">495812005200</td></tr> </table>	Application Number	10/807,644	Filing Date	March 23, 2004	First Named Inventor	Gregory P. HERTRICH	Art Unit	2627	Examiner Name	M. Kayrish	Attorney Docket Number	495812005200
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Total Number of Pages in This Submission	5 pages + 2 references													

ENCLOSURES <i>(Check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement (Supplemental) (3 pages)  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD  <div style="border: 1px solid black; padding: 2px; width: fit-content;">Remarks</div>	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC <b>(Appeal Notice, Brief, Reply Brief)</b>  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none"> <li>Form PTO/SB/08a/b (1 page)</li> <li>2 References</li> </ul>

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No.: 25226)		
Signature	/Christopher B. Eide/		
Printed name	Christopher B. Eide		
Date	October 16, 2007	Reg. No.	48,375